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ABSTRACT

This speech describes a clinical experience program designed to a) illustrate and demonstrate principles of practice, b) involve the application and testing of teaching and learning theory, and c) provide opportunities for developing competency in a full range of teaching tasks. Clinical experiences in the school are composed of three phases: associate teaching, intern teaching, and pretenure teaching. Associate teaching is a continuous experience of teaching under close supervision. Intern teaching is the acceptance of full responsibility of a class or classes, again under close school and college supervision. Pretenure teaching employs the students as regular teachers with full salary with supervision available on request. The supervisory positions include the participating, clinical, and consultant teacher. A participating teacher shares his classroom and himself with laboratory students. The clinical teacher supervises students placed with him for associate teaching experience. The consultant teacher supervises two or more pretenure teachers and works in partnership with other members of a supervisory team. This program has the potential to satisfy critics of teacher effectiveness. The program results include earlier exposure to students, more careful screening of teacher candidates, and better integration of clinical experience and theory. (MJM)

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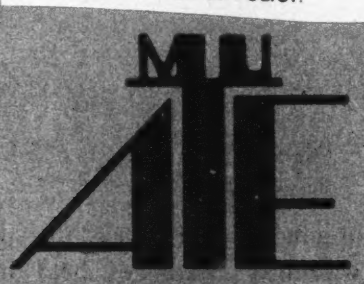

New Student Teaching Program and the The Classroom Teacher

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In all honesty I must admit that I have some mixed emotions about this presentation: I am very happy to have the opportunity, yet I also have many qualms. So that you may better understand my point of view I would like to share my educational and experiential background with you.

For the past ten years I have been a classroom teacher of kindergarten children in the Lincoln Public Schools. Before that time I was a teacher in a one-room, rural school and a farmer's wife in a sparsely populated county in north central Nebraska.

Until 1960, my formal education consisted of a high school education with Normal Training classes and a one week exposure in a country school as my student teaching experience. After three years of teaching I married, World War II came along, and then a family. Teachers and money became scarce during these early years and I returned to the classroom. To meet certification requirements I enrolled in a few off-campus courses on Saturdays and evenings and drove fifty miles to attend them. Colleges were few and far between in that neck of the woods. No others in either my family or my husband's family had ever attended college for at least two generations.

In August, 1959, we moved to Lincoln and in February 1960, I was able to enroll at the University of Nebraska as a student for the purpose of completing a two-year program for certification to teach. I well remember what a big thing this was since it was actually the second time I had ever been inside an institution of higher learning.

I sometimes say jokingly, yet not really so jokingly, that life begins at forty. For it is only in these last ten years that I have been conscious of or involved in the large and complex program of teacher education, which is not nearly time enough to become completely knowledgeable about any scholarly field. This is particularly true of one such as ours which has been changing so rapidly in so many ways during recent times. In these years, you may be sure my interest has been keen and I have kept a close watch on what has been happening in teacher education.

Nevertheless, I want to specify immediately that many of you in attendance here today are more expert and knowledgeable than I am and I owe

you the respect and modesty a newcomer ought to feel in the presence of those who have been involved and actively committed in teacher education for many years. So I have decided not to try to fill this presentation with a great many references to past developments and programs or to other important undertakings and accomplishments of the profession.

Instead, this will be a very personal and frank account of the way things look to me. I realize this is presumptious and I admit it is a test of my courage.

* * * * *

According to my dictionary teaching is a most comprehensive word; it embraces all methods of imparting knowledge, information, guidance, or counsel. The original sense of educate is to draw out or develop the mental powers of another.

Arthur Combs believes that the effective teacher is the mature person who has learned to use himself effectively as a teaching instrument.

Fred Wilhelms has an overwhelming faith in the primacy of the person. He says that it is the person inside the teacher that counts. If the key to good teaching is a perfect set of practices then how do we explain the "teacher who 'does all the wrong things' and succeeds" and the "sweet thing who ' does everything right' and can't teach a lick." He believes that fundamentally "what the teacher is is more important than anything he does."

Hans Olsen states that teaching is what people do with the intention of getting others to behave differently--to learn. This process requires thought and study. A teacher must be a student of teaching--one who analyzes, refines and improves his own teaching continuously; one who is able to adjust successfully to any school setting in which he finds himself--a self-directing, constantly more effective practitioner of teaching. People are not born teachers--that is, no matter how good they are, they can always do a better job.

In the Guide to Professional Excellence in Clinical Experiences in Teacher Education this is written, "Teaching is a goal-directed behavior; therefore, the teacher either has goals or tasks to be accomplished in his mind prior to a teaching episode or, if a learning possibility emerges, will immediately formulate them."

From these statements, it is apparent that teaching means many different things to different people. But in the final analysis, we can conclude that schooling will not be satisfactory unless the teacher is effective.

This means that we must go about the business of educating teachers in a fundamentally different way than has been done in the past so that they may become maximally effective.

* * * * *

The "hue-and-cry", the public clamor in our world today is that teaching is extremely ineffective. From every corner of our society, questions are being raised concerning this alleged ineffectiveness.

Student teaching, however, is almost universally accepted as the most dynamic and essential phase of teacher education. Critics say it is the only contact the student of teaching has with reality. This is accepted as fact. But after agreeing that this is so, the critcs proceed to let us know that this is not nearly good enough. They raise many questions concerning the effectiveness of student teaching as it is generally practiced today.

Some of the questions are:

1. Why has the only real experience (the student teaching phase) been gained so late in the program, usually in the last semester of the senior year? Many feel that this needs a reshaping job, that this practice is unsound and ineffective. Students of education should have a much earlier real exposure to kids and teaching.
2. Since this student teaching experience comes after the study of psychology, sociology, educational principles, and even methods, can it effectively illustrate the concepts considered in those areas? Is it the best means of making these areas of study come alive? Aren't there other clinical experiences that should be a part of the teacher education program? Why can't there be a better integration of clinical experiences and theory?

3. Should student teaching be a practice in perfecting skills? Should it be merely an exercise in exhibiting competencies already acquired? If this is the way, it is redundant and often results in boredom for the student. Someone said, "In effect, it is a diet of pablum.

4. Is the best way to train a teacher to put him with an older more experienced teacher who will show him how? Fred Wilhelms believes that this practice is a condemnation to mediocrity or worse and many agree with him. In reality the student teacher is a prisoner. He is expected to cooperate and do all that his supervising teacher wants, when he ought to be developing his own unique teaching style, not becoming a carbon copy of someone else.

5. Why isn't there greater flexibility and individualization in the instructional format of teacher education programs, particularly student teaching? Couldn't a number of options be open to students in order that each may choose to do them or not, depending on his own motivation, interest, and need? Of course, he would do this under guidance and with our support.

6. Although there is evaluation of the teacher candidate up to graduation, what about some sort of evaluative procedure following graduation? Shouldn't some pretenure evaluation be a part of the teacher preparation procedure?

7. Why can't there be a more careful screening of teacher candidates prior to student teaching?

8. How much opportunity is there for the student of teaching for self-exploration? The feeling is that colleges and schools merely teach the student to conform, not to become. There is a need in every human for self-insight and self-acceptance. And this is especially true for student teachers if they are to be effective classroom teachers.

* * * * *

In past years, teacher education programs relied upon the traditional sequence of observation, participation and student teaching to provide the

necessary practice in learning to teach. But the real emphasis was upon student teaching. The focus frequently was blurred, the analysis usually opinionated, and the feedback often distorted or vague. Yet this was what we had.

More recently, teacher educators have recognized the need for better integration of clinical experiences with theory, the idea that application of psychological principles, of principles of learning, of instructional media, of planned units, and the like, is important at the time of studying the concept or theory of education. Teacher education programs have been moving to a clinical approach throughout the preparation period. A new approach to clinical experiences has developed.

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As I attempt to describe the new program of clinical experiences, I will be referring to the ATE Guide to Excellence in Clinical Experiences in Teacher Education and you will be encountering terminology which will be new to you. Well, don't let that throw you for these terms are new to all of us.

The clinical experiences outlined in the Guide to Excellence are designed to do three things:

1. They illustrate and demonstrate principles of practice
2. They involve the application and testing of teaching and learning theory
3. They provide opportunities for developing competency in the full range of teaching tasks.

Notice that clinical experiences are not the entire teacher education program. They illustrate and demonstrate, apply and test, and help develop competency. They should be continuous and integral portions of the overall program. Students should be involved in college classrooms and clinical experiences concurrently.

Our focus here is on clinical experiences and for the sake of clarification, "clinical experiences" is the term which is used to describe the total program of direct and simulated experiences.

One erroneous idea is that all clincial experiences are to be had in schools. This is not the case. Such an approach would be both inefficient and ineffective. Study and analysis of simulated teaching problems and microteaching are among those clinical experiences probably best conducted in a well-equipped teacher education laboratory on a college campus. Affiliated schools, professional associations, and community agencies provide the settings for tutoring, group leadership, practicum, and professional orientation experiences.

The student of education participating in these laboratory experiences in a school setting now assumes his first clinical teaching position as an "Assisting Teacher". In that role his activities may include:

reading or telling a story to children
setting up an experiment to demonstrate a scientific principle
assisting with a craft group
discussing current events, or
explaining or monitoring a new game

He participates, observes, and analyzes teaching behavior as well as critiquing it. Here is the spot for the education student to find out "early" whether he really wants to work with kids.

* * * * *

Those clinical experiences in the school are usually of three sequential phases now referred to as practicum experiences. The first of these is called Associate Teaching. It is a sustained, continuous experience of responsible teaching with school and college personnel providing close supervision. An analytical approach to the development of teaching skills is emphasized throughout. In this teaching position the education student shares with a clinical teacher the instructional responsibilities of a classroom or in a team teaching situation, a group of pupils for which the team is responsible. Now he is no longer called a student teacher but his title is Associate Teacher.

The second phase of the practicum is called Intern Teaching.

This is a period when the student is fully responsible for a classroom or number of classroom groups. As an Intern Teacher he remains under supervision of school and college personnel and his teaching

load is lighter than that of a veteran teacher. This position is unique in that it is an officially recognized position that is now placed somewhere between the old student teaching experience and the former first year teaching experience. The Intern Teacher functions as a regular teacher, making curricular and instructional decisions for a group of students. And, it should be emphasized, he still has the assistance of his professional supervisors.

Pretenure Teaching, the third phase, is the period of teaching before tenure is granted. It is a continuing program of professional development jointly supported by school and college. The Pretenure Teacher is a regularly employed teacher with full salary. He has opportunity to work on a continuing basis for two or three years. A great deal of individualized learning and refinement of his teaching can take place in this period. Supervision is available from the college or school when needed but a regular seminar provides continuing guidance.

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That is a short description of practicum teaching positions. Now I shall describe the supervisory positions in the new program, those which we classroom teachers should expect to assume. There are three: the Participating Teacher, the Clinical Teacher, and the Consultant Teacher. Those who serve in these positions require special qualities, skills and levels of competence.

A Participating Teacher is one who shares his class, his classroom, and himself with laboratory students. Through this sharing he makes possible those early experiences that clinical students have in the school setting. These students are in the Assistant Teacher position.

Teacher education students today are clamoring for earlier as well as dramatic clinical experiences which would permit them to observe and work in classrooms where teachers other than "master" teachers are at work. They also want opportunities in schools of the disadvantaged, other ethnic groups or where disruptive behavior abounds. Schools for the physically and emotionally handicapped are two more frequently requested settings. Participating teachers provide such opportunities.

The Clinical Teacher, supervises practicum students placed with him for associate teaching experiences. This is a part of his regular teaching assignment. As a Clinical Teacher he is a member of a supervisory team. He cooperates in structuring the setting to permit Associate Teachers much independent and responsible teaching. He emphasizes the development of an analytical approach to their professional actions. He does this by assisting them in defining their teaching skills.

The Clinical Teacher should complete a college or university program of study that will help him be effective in working with clinical students. Unlike the preparation most of us have had, his should include laboratory experiences especially designed to develop his supervisory skills.

The Consultant Teacher supervises two or more Intern or Pretenure Teachers. He is a school employee who works in partnership with other members of the supervisory team. The team members share responsibility for assisting Intern and Pretenure Teachers to grow in teaching competence.

The Consultant Teacher engages in a wide range of supervisory activities. These include orienting,evaluating, observing, questioning, cuing, recording behavior, supporting, analyzing, listening, and telling. When appropriate he demonstrates specific teaching skills or use of particular instructional materials or media. It is not uncommon for him to take over a class so that the clinical student may prepare materials, visit other classes, attend professional meetings, participate in workshops, meet with parents, and the like.

Before being assigned to this position he must complete successfully the program for the preparation of the Clinical Teachers, plus a supervisory internship for prospective Consultant Teachers. That is something most of us have not even thought about. We classroom teachers no longer will be put into supervisory positions until we are adequately prepared and can demonstrate our supervisory competence.

* * * * *

The Guide to Professional Excellence in Clinical Experiences in Teacher Education represents two years of intensive, cooperative effort by a committee

who considered the reactions and commentary of more than two hundred consultants and reactors from every corner of the educational field. This new program outlined in it suggests a vast departure from the traditionally accepted program of teacher education of which we are now familiar. The Guide may be considered as statements of possibilities for excellence by which teachers may be educated to meet the demands of modern teaching.

It appears that a program such as this, when instituted, might just possibly be the answer to the "hue and cry" people who are questioning teacher effectiveness. For example, the critics deem these things to be necessary in teacher education: earlier exposures to kids, a more careful screening of teacher candidates, and better integration of clinical experiences and theory.

The new program provides ways by which these can be accomplished. One of them is the establishment of the several teaching positions, beginning with the assisting teacher position early in the teacher education program and going on to the associate, the intern, and the pretenure teacher positions in sequential order. These assure that the student of teaching will be involved in clinical experiences for a period of about six years in training.

The clinical experiences program also provides for constant guidance and evaluation through graduation and beyond. Students are not turned loose in the world of teaching while no one bothers to see if they sink or swim. This answers another question of the critics concerning evaluative procedures.

The question concerning the "master teacher" syndrome is answered. There is no way for a teacher education student to become a carbon copy of one "master" teacher in this program. Constant exposure for that long a time in so many areas and with many personalities and teaching styles prohibits this.

It would be quite easy to continue justifying the new program in the light of the questions I quoted earlier but time is getting short. The point is made. What remains for educators to do is to implement a program such as this which appears to be a step in the right direction and thus improve teacher effectiveness.

* * * * *

At the University of Nebraska there is an innovative program called NUSTEP presently underway that is designed to combat some of the stated ills of the undergraduate teacher education program. It is a cooperative enterprise of the Departments of Secondary Education and Educational Psychology and the Lincoln and Omaha Public Schools. The program was planned in 1968-69 and initiated in 1969-70. The program has nine fundamental characteristics of which six are:

collective decision making
systematic instructional planning
earlier and increased school involvement
integration of theory and methods course practice
founded on a performance base
emphasis on self-analysis

These are some of the same things that are emphasized in the new clinical experiences program I just described. The people at the University of Nebraska and the people in the schools are very excited about this new program. It holds promise for us in teacher education.

If I were to criticize this program it would be to note that it is used only for pre-service education; however, the ninth fundamental characteristic of the NUSTEP program provides for change by guided evolution. At any rate, I would like to see it extended to include the intern and pretenure phases of teaching. Such an effort must take into account the need for an <u>all</u> embracing concerted cooperative venture.

* * * * *

In 1925, William Hoffman, a professor from Boston University presented a speech with a most interesting title, "The Cooperative Ideal in Teacher Training--The Cincinnati Plan", in which he advocated the coordinating of practice with theory in professional training. He predicted that the results secured through school-college cooperation would be comparable to those demanded by other professions.

Incredibly enough, in 1971 we are still traversing this cooperative venture road which seems to be infinite in length and as studded with pitfalls as the route taken by Ulysses. Yet, several types of partnership have developed. For the impatient it seems a lacklustre, interminable beginning.

But our optimism must be equal to that shown by the little boy who was locked up in the dirty old barn for punishment. Upon being asked why he was so gleeful, after being punished in this way, he exclaimed, "With all this manure around, there must be a pony here someplace".

As we optimistically explore cooperative ventures, we must see the position of each institution and person involved in its true perspective. We must appreciate the value of <u>each</u> interacting member's contribution and see to it that the potential of each will be reached.

It should be an accepted fact that the clinical student as he enters the classroom or building is now productive--not just getting ready to produce. He is attempting to meet his standards and is striving to realize his own immediate goals. Since he is paying his money for college credit and being required to satisfactorily exhibit his ability in a classroom setting, he rightfully expects a worthwhile learning experience and the expenditure of some money and effort in his behalf. This ties the schools and colleges together in one cooperative venture, with the personnel from both striving to accomplish a dual objective: (1) to provide a good experience for the clinical student (2) while not reducing the value of the learning experience for the public school student.

As sensible as this concept sounds, its realization demands a degree of cooperation and professional give and take that is not easy to achieve.

It seems apparent that the "loner" in the classroom who has remained supreme and master of all surveyed will become the next vanishing breed. As Dr. Curt Nash so appropriately states, "The direction which teacher education takes in the future will affect all of us who are now teacher educators and there is a great need for a collective voice and cooperative actions". To be sure that the directions taken will be the right ones, cooperative relationships are imperative.

* * * * *

As I near the end of this presentation I want to state some of my beliefs about teacher education.

<u>I believe</u>--that everyone who has the responsibility for preservice and continuing education of teachers is a teacher educator.

I believe--that the test of a cooperating teacher--whether a Participating Teacher, a Clinical Teacher or a Consultant Teacher--is his degree of effectiveness in helping clinical students achieve greater teaching competence--the amount of professional growth these students demonstrate is the key!

I believe--that the old idea of putting a clinical student with a "master teacher" so that he can imitate the teacher is outdated; today the emphasis is upon helping the student become a student of teaching.

I believe--that judging the adequacy of the clinical students is less important than teaching them to become more effective teachers.

I believe--that those who work with clinical students must give them more freedom, encouragement, support and instruction to develop, test, and refine their teaching skills, this means that learning is more important than failing--people can only learn effectively when they are free to try out ideas and can make mistakes.

I believe--that team supervision is a must if clinical students are to gain maximally from their clinical experience program. We must develop a sense of colleagueship with all those with whom we work. We must see ourselves as equals in the profession with differentiated roles and responsibilities.

And lastly, I believe-- that a teacher is a learner all his life; that clinical experience programs must be seen not as a means for helping preservice and pretenure teachers meet basic standards of adequacy but as avenues for classroom teachers themselves to gain increased professional competence.

* * * * *

All of us who are teacher educators are busy people. The demands of our jobs keep us on the go and we sometimes think that we simply can't do one more thing. But, as Bernadene Shunk, new president of ATE, stated,"If something really concerns us and challenges us, we find the ways and means, the time, and the energy to do the things we want to do". She described three catagories of people and we all fit into one or another of them: "those who make things happen, those who watch things happen, and those who are unaware that anything has happened".

If teacher education really is to be changed and if the new clinical experience program is going to be implemented, we cannot leave the job to someone else. Classroom teachers as well as administrators and college people must be involved. Let us be people who are where the action is! Let us be people who make things happen!

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